



NORTH CAROLINA

Department of Transportation



Study to Eliminate Use of Nurses in Medical Review Program

North Carolina Division of Motor Vehicles

January 11, 2018

Joint Legislative Transportation Oversight Committee

Significant Legal Considerations

- 1. Session Law 2017-57 passed by the NCGA in July 2017**
 - Mandated this nurse study be performed
- 2. Disability Right of North Carolina Consent Judgment**
 - To comply with a consent judgment ordered by the United States District Court on June 9, 2016, the NCDMV made necessary process changes.

Executive Summary

- Major Findings:

1. NCDMV is the only entity with the ability to see a customer's entire health history
2. 31% of health care providers do not offer driving privilege recommendations for customers
3. DMV Nurse consultants are more favorable to customers by applying restrictions 39% of the time
4. Adding a comprehensive set of restrictions is the balance between customer service and ensuring public safety
5. Existing technology does not allow health care providers to enter recommendations with NCDMV involvement
6. SADLS system changes would require significant planning

- Major Recommendations

1. NCDMV should continue the current Medical Review process
2. NCDMV recommends a follow-up study to further review the Medical Review process.

Medical Review Unit

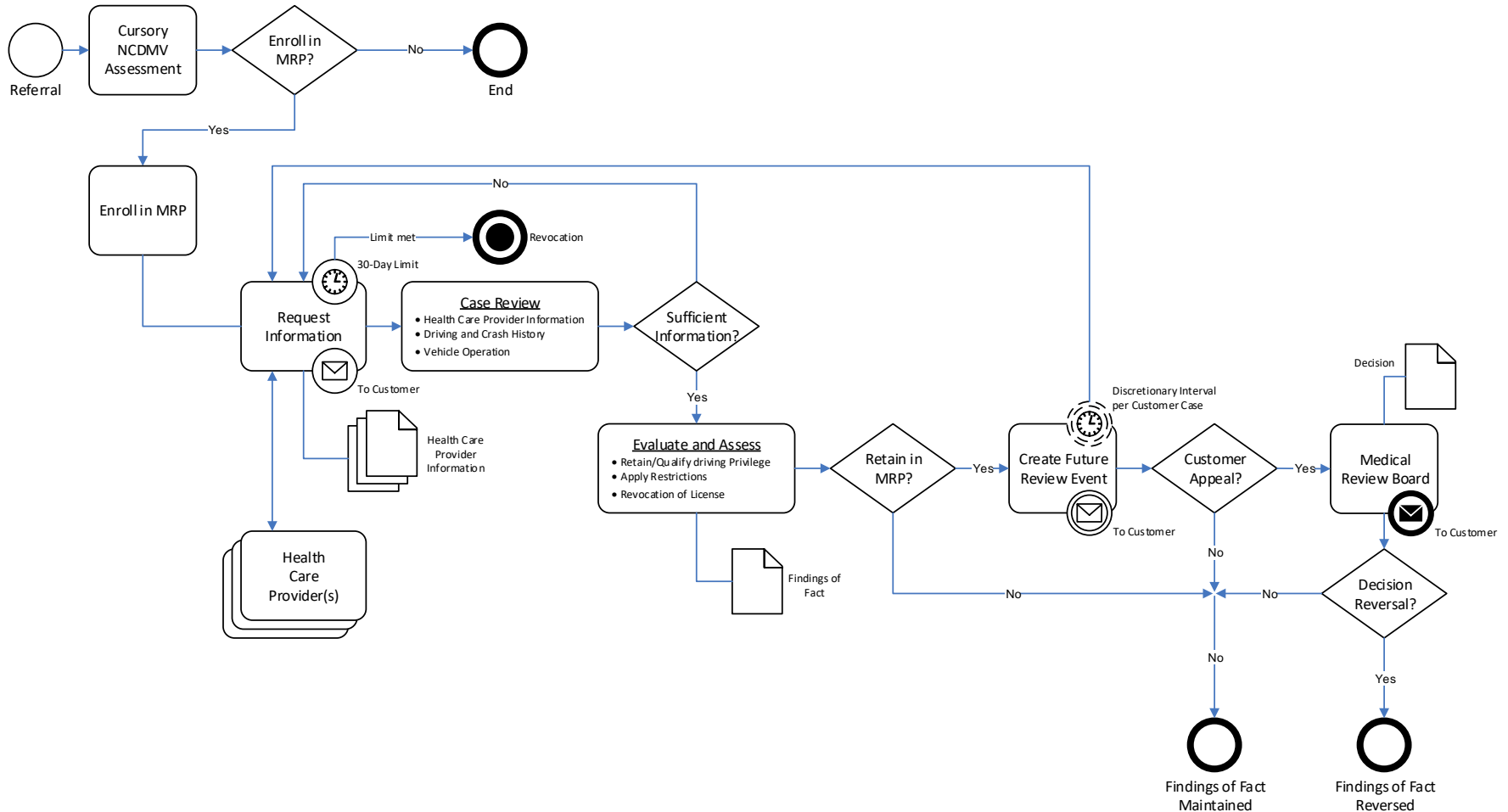
Purpose:

To ensure customers with known or suspected health conditions are evaluated to determine their ability to safely operate a motor vehicle.

Estimated Annual Cost:

Labor (Permanent) :	\$	993,000
Labor (Temporary):	\$	722,000
Equipment:	\$	7,900
Office Supplies:	\$	19,900
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Total:	\$	1,742,800

Overview of Medical Review Process



American Association of Motor Vehicle Administrators Results

QUESTION	NCDMV	RESPONDING STATES			
		YES	No	BOTH YES AND No	No RESPONSE
Q1 – States request submission of medical evidence prior to decision	Yes	26	4	2	0
Q2 – States request a Health Care Provider driving recommendation	Yes	27	2	3	0
Q4 – States always adhere to Health Care Provider recommendations for final decision	No	7	17	7	1
Q5 – State's DMV decisions differ from Health Care Provider recommendations	Yes	18	10	4	0

American Association of Motor Vehicle Administrators Results

Q3 – Primary role of reviewer		NCDMV	Responses
Some Combination of four roles		Yes	12
	Trained Non-Medical Personnel		17
	Doctor		2
	Nurse		0
	Mid-Level HCP		0
No Response			1

Arkansas DMV:

- No medical personnel involved.
- All drivers with a concern regarding safe driving get a hearing.
- The Hearing Officer relies exclusively on 1 doctor's recommendation (the driver chooses the doctor).
- Unlike NCDMV, Arkansas does not give granular limitation on driving privileges (ex. – No nighttime driving, No highway driving, etc.)

NC to Arkansas Comparison

	NCDMV	Arkansas
How are the customers added?	Referred by public, law enforcement, staff, physician	Referred by public, law enforcement, staff, physician Also, accumulation of points
Internal Medical Personnel?	Yes	No
How is the decision reached?	Entire body of evidence	A single recommendation from a Health Care Provider
Hearing Offered?	Yes	Yes
Purpose?	To appeal decision	Initial decision
When?	Upon request	All customers
May allow to drive with restrictions?	Yes	No

Informational Limits

	NCDMV	Health Care Provider
Evaluation and Assessment	Multiple cases across multiple Health Care Providers	Multiple cases for a single Health Care Provider
	Driving history	No driving history
	Crash history	No crash history
	Vehicle road test performance	No vehicle road test performance
Findings of Fact	Reviews body of evidence	Reviews single Instance
Program Retention	Based on customer's overall presentation	Based on customer's history with only that provider

Issues from Using Only the Health Care Provider Recommendations

1. NCDMV Related Issues

- Non-standardized evaluation processes and practices across the medical community
- Inaccuracy of decisions due to limited access to driver's record
- Potential to shop for desired results
- Risk of violating consent judgment order

Issues Only Using the Health Care Provider Recommendations

2. Health Care Provider Related Issues

- Potential Conflict of Interest
- Narrow Area of Specialty
- Treatment by more than 1 specialist
- Health Care Providers decline driving privilege recommendation without appeal options
- Added responsibility
- Potential liability penalties
- 3rd party influence – State Medical Board, HIPAA, etc.
- Current NC law – NCGS 20-9.1(c), NCGS 8-53

Issues from Using Only the Health Care Provider Recommendations

3. Customer (Driver) Related Issues

- Added expense for customer
- Potential for incorrect decision

Recommendations

1. No change to current NCDMV process for now.
2. Additional research is needed to explore all the issues raised by this study.

For example:

- a. Input from the NC Medical Board
- b. Input regarding current statutory limitations
- c. Better understanding from states that rely solely on Health Care Providers recommendations